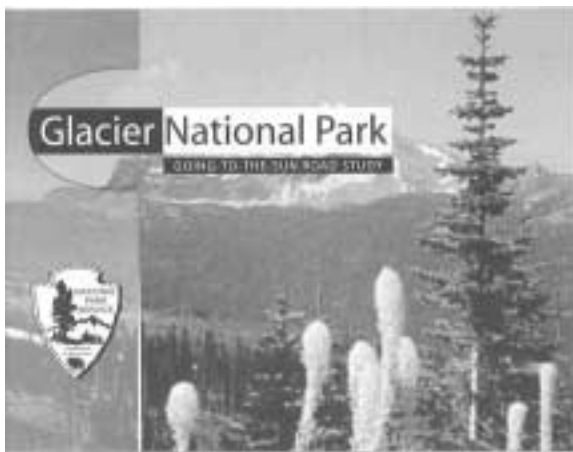
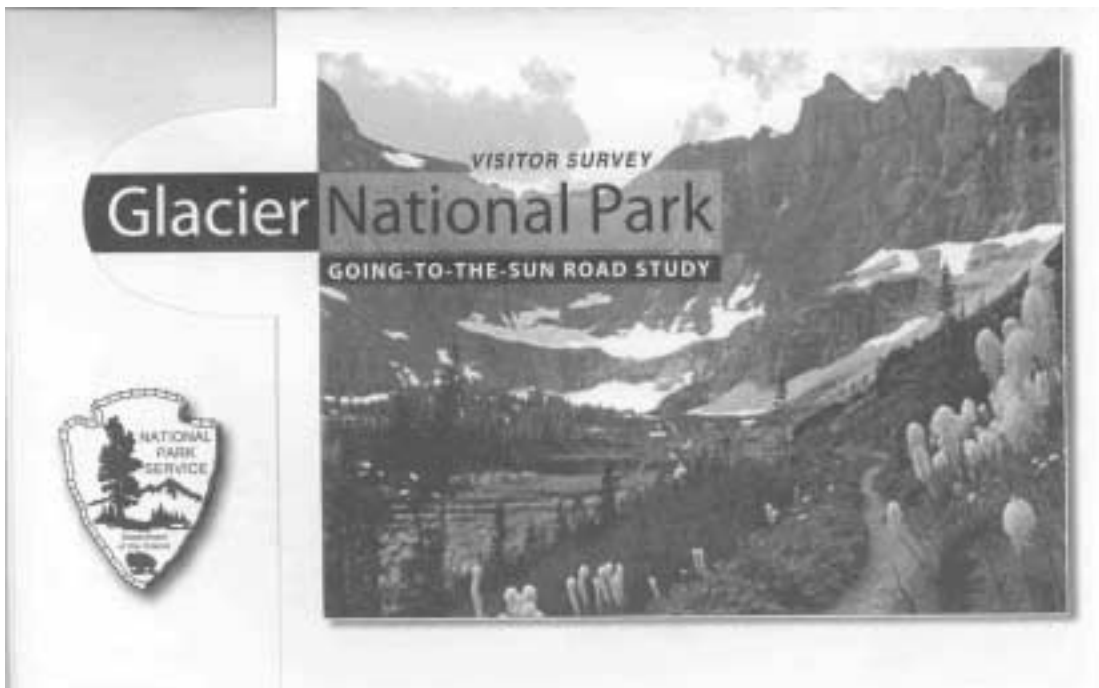


Survey Instrument, 2000 Survey of Visitors



This appendix contains the following:

- Visitor Survey distributed by National Park Service staff to 3,077 potential respondents entering the gates to Glacier National Park at St. Mary and Apgar between August 26 and September 1, 2000.
- A summary of the results from the survey, question by question, in tabular form.



Appendix A: 2000 Visitor Survey Instrument and Summary of Tabular Results

Glacier National Park - Visitor Survey

 **United States Department of the Interior**
NATIONAL PARK SERVICE
Glacier National Park
West Glacier, Montana 59936

August 2000

Dear Visitor,


Thank you for taking your time to participate in this study. Our objective is to learn about the expectations, opinions, and interest of visitors to Glacier National Park. This will assist us in our efforts to better manage the future direction of Glacier National Park, and to serve you, the visitor.

This questionnaire is only being given to a select number of visitors. Your participation is very important!

When your visit is over, please complete the questionnaire. Then, put the questionnaire in the self-addressed envelope provided and drop it in any U.S. mailbox.

If you have any questions, please contact Project Management, Glacier National Park, West Glacier, Montana 59936.

We appreciate your help.

Sincerely,

Suzanne Lewis
Superintendent

1. How many months in advance did you plan this trip to Glacier National Park?

☐ Less than 1 month
☐ Between 1 and 6 months
☐ Between 6 months and a year
☐ One year or more. Please specify years: _____

2. To plan this trip, did you (Please check all that apply.)

☐ Contact Glacier National Park?
☐ by telephone
☐ by e-mail
☐ by postal mail
☐ Use the Internet?

☐ Use brochures?
☐ Use a travel agent?
☐ Get advice from family and friends?
☐ Did not plan ahead.
☐ Other: _____

3. On this trip, did you arrive by plane or will you depart by plane?

☐ Yes ☐ No (Skip to question 5.)

4. (If yes to question 3.) Which of the following airports did you use for your arrival and for your departure?

ARRIVAL

☐ Kalispell (Glacier International Airport)
☐ Great Falls (Great Falls International Airport)
☐ Missoula (Missoula International Airport)
☐ Bozeman (Gallatin Field Airport)
☐ Helena (Helena Regional Airport)
☐ Billings (Billings-Logan Field)
☐ Calgary, Alberta (Calgary International Airport)
☐ Seattle (Seattle-Tacoma International Airport)
☐ Spokane (Spokane Airport)
☐ Other: Please specify: _____

DEPARTURE

☐ Kalispell (Glacier International Airport)
☐ Great Falls (Great Falls International Airport)
☐ Missoula (Missoula International Airport)
☐ Bozeman (Gallatin Field Airport)
☐ Helena (Helena Regional Airport)
☐ Billings (Billings-Logan Field)
☐ Calgary, Alberta (Calgary International Airport)
☐ Seattle (Seattle-Tacoma International Airport)
☐ Spokane (Spokane Airport)
☐ Other: Please specify: _____

(Skip to question 7.)

Glacier National Park - Visitor Survey

5 On this trip to the Glacier National Park area, from which direction did you travel? (The Glacier National Park area includes Whitefish, Columbia Falls, Kalispell, Flathead Lake and Browning.)

☐ From the west (Libby) on US 2
☐ From the east (Cut Bank) on US 2
☐ From the south (Great Falls) on US 89
☐ From the south (Seeley Lake) on MT 83
☐ From the north (Canada) on US 93
☐ From the north (Canada) on US 89
☐ Other: _____

6 When you left the Glacier National Park area, which way did you travel?

☐ To the west (Libby) on US 2
☐ To the east (Cut Bank) on US 2
☐ To the south (Great Falls) on US 89
☐ To the south (Seeley Lake) on MT 83
☐ To the north (Canada) on US 93
☐ To the north (Canada) on US 89
☐ Other: _____

7 From leaving to returning home, how many days did you expect this trip to be?

_____ days ☐ Don't Know

8 Are you a resident of the State of Montana?

☐ Yes (Skip to question 10.) ☐ No

9 If no, how many days did you plan to spend in Montana during this trip?

_____ days ☐ Don't Know

10 How many days did you spend in the Glacier National Park area during this trip?

_____ days ☐ Don't Know

11 How many nights did you spend in the Glacier National Park area during this trip?

_____ nights ☐ Don't Know

12 Do you plan to make a return visit to Glacier National Park in the fall of 2000, the winter of 2000 or the spring of 2001? (Check all that apply.)

☐ No
☐ Yes, the fall of 2000
☐ Yes, the winter of 2000
☐ Yes, the spring of 2001
☐ Don't Know

13 While visiting the Glacier National Park area on this trip, how many nights did you ...

Number of Nights

Camp out in a tent? _____
 Sleep in your camper or motor home? _____
 Use a motel, lodge, bed and breakfast or condominium? _____
 Stay with family or friends (in their residence)? _____

14 While visiting the Glacier National Park area on this trip, how many nights did you stay in these locations?

Campgrounds Inside the Park	Nights	Lodging Inside the Park	Nights	Outside the Park	Nights
Agassiz	_____	Agassiz Village Lodge	_____	Big Fork / Flathead	_____
Arctiche	_____	Agassiz Village Inn	_____	Browning	_____
Belly Creek (Canada)	_____	Lake McDonald (lodge, motel, cabins)	_____	Columbia Falls	_____
Crandall Mountain (Canada)	_____	Mary Glacier Hotel	_____	East Glacier	_____
East Glacier	_____	Rising Sun (motor inn, motel, cabins)	_____	Essex	_____
Fish Creek	_____	Switzerland (motor inn, motel, cabins)	_____	Kalispell	_____
Primitive Camp	_____			St. Marys	_____
Blaine Inn	_____			Waterton (Canada)	_____
Springer Creek	_____			West Glacier	_____
St. Mary	_____			Whitefish	_____
Two Medicine	_____			Other: _____	_____

Appendix A: 2000 Visitor Survey Instrument and Summary of Tabular Results

Glacier National Park - Visitor Survey

- 15 During your time in the Glacier National Park area on this trip, please estimate your average daily expenditures for you and your group:

TYPE OF PURCHASE	AVERAGE DAILY AMOUNT
Food and Beverages (purchased in a store)	\$
Restaurant Meals and Bar Service	\$
Gasoline and Other Automobile Expenses	\$
Lodging and Camping	\$
Recreation Activities (rafting, boat tours, horse rentals, etc.)	\$
Gifts	\$
Other Items and Services (excluding airfare)	\$
Total	\$

- 16 Using the map as a reference, please indicate the locations you and your group visited on Going-to-the-Sun Road in the order visited on this trip. Place a "1" on the line beside the first location visited, a "2" on the line beside the second location visited and so forth for all locations visited. Place a check beside all of the locations that you did not visit. Place a check beside all of the locations that you wanted to visit but did not because parking was not available. (See attached maps.)

- 17 For each place visited, please estimate the recreation time (day use) spent by checking the appropriate box.

Location:	Q16. VISITS			Q17. RECREATION TIME						Can't Remember
	Order of visits	Did not visit	Wanted to visit but no parking available	Less than 15 minutes	15 min. to 30 minutes	30 min. to 1 hour	1 hour to 4 hours	4 hours or more		
Apgar	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lake McDonald	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Avalanche	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
McDonald Creek Overlook	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
West Side Tunnel	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oberlin Creek	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The Loop	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Big Bend	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Logan Pass	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Siyeh Bend	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Jackson Glacier Overlook	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sunrift Gorge	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sun Point	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rising Sun	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
St Mary Visitor Center	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Glacier National Park - Visitor Survey



18 Please indicate the areas you and your group visited on this trip in Glacier National Park in the order visited. Place a "1" on the line beside the first area visited, a "2" on the line beside the second area visited, and so forth for all areas visited. Place a check beside the areas you did not visit. Place a check beside the areas you wanted to visit but did not because parking was not available. (See attached map.)

19 For each area visited, please estimate the recreation time (day use) spent by checking the appropriate box.

Area	Q18 VISITS			Q19 RECREATION TIME			
	Order Of Visits	Did Not Visit	Wanted to Visit But no Parking Available	Less than 1 hour	1 hour to 4 hours	4 hours to 1 day	Can't Remember
Polebridge / Northfork Area	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many Glacier / Swiftcurrent Area	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two Medicine Area	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chief Mountain Area	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Camas Road Area	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waterton Area, Canada	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix A: 2000 Visitor Survey Instrument and Summary of Tabular Results

Glacier National Park - Visitor Survey

20 What services and facilities would you like to see more of in the Glacier National Park area?

<input type="checkbox"/> Hiking trails	<input type="checkbox"/> Activities designed for children
<input type="checkbox"/> Bike trails	<input type="checkbox"/> Places to stop along Going-to-the-Sun Road
<input type="checkbox"/> More information signs and viewing sites	<input type="checkbox"/> Other: (Please specify) _____
<input type="checkbox"/> Services, such as restaurants and gift stores	<input type="checkbox"/> None
<input type="checkbox"/> Lodging	<input type="checkbox"/> Less services and facilities
<input type="checkbox"/> Planned tours, such as guided river trips, sightseeing tours, etc.	

21 If more services and facilities were offered, would you extend your visit to the Glacier National Park area?

☐ Yes ☐ No (Skip to question 23.) ☐ Don't Know (Skip to question 23.)

22 If yes, what would it take for you to extend your stay in the Glacier National Park area?

<input type="checkbox"/> More hiking trails	<input type="checkbox"/> Accommodations
<input type="checkbox"/> More bike trails	<input type="checkbox"/> Better (higher quality) lodging
<input type="checkbox"/> More information signs and viewing sites	<input type="checkbox"/> Less expensive lodging
<input type="checkbox"/> Services, such as restaurants and gift stores	<input type="checkbox"/> More campgrounds
<input type="checkbox"/> Better (higher quality) restaurants and gift shops	<input type="checkbox"/> More planned tours, such as guided river trips, sightseeing tours, etc.
<input type="checkbox"/> Less expensive restaurants and gift shop	<input type="checkbox"/> More activities designed for children
	<input type="checkbox"/> Other: (Please specify) _____

23 Did you stop in the Logan Pass area during this visit?

☐ Yes, did stop
☐ No, did not plan to stop
☐ Wanted to stop but no parking available

24 What was your primary reason for visiting the Park on this trip? Please check only one response.

<input type="checkbox"/> To view the scenery	<input type="checkbox"/> To get away from my normal routine
<input type="checkbox"/> To view the wildlife	<input type="checkbox"/> To enjoy my family and/or friends
<input type="checkbox"/> To take photographs	<input type="checkbox"/> Other: (Please specify) _____
<input type="checkbox"/> To participate in recreation (hike, bike, boat, camp, etc.)	

25 How many different times did you enter the Park during this trip at any or all of the park entrances? Be sure to include all entries, including those times you left the Park to buy groceries, meals, etc., and then re-entered the Park.


_____ times ☐ Don't Know

26 If you had known in advance of your trip that one side of Going-to-the-Sun Road would be closed and one side would be open so you could reach Logan Pass, would you still have come to Glacier National Park?

☐ Yes ☐ No ☐ Don't Know

27 If you know in advance that there would be a one-hour road construction delay driving to Logan Pass and a sightseeing bus was available every 15 minutes would you ...

<input type="checkbox"/> Take the sightseeing bus if it were free?	<input type="checkbox"/> Come to the Park but not visit Logan Pass?
<input type="checkbox"/> Take the sightseeing bus if it cost \$5 per person, round trip?	<input type="checkbox"/> Not Visit the Park?
<input type="checkbox"/> Wait one hour and then drive to Logan Pass?	<input type="checkbox"/> Don't Know?

 Glacier National Park - Visitor Survey

28 If road construction or road congestion limited traffic on Going-to-the-Sun Road, would you prefer to . . .
(Please check only one response.)

<input type="checkbox"/> Pay a fee to drive your own vehicle on Going-to-the-Sun Road?	<input type="checkbox"/> Not visit the Park? (Skip to question 30.)
<input type="checkbox"/> Take a free tour bus on Going-to-the-Sun Road? (Skip to question 30.)	<input type="checkbox"/> Other (Please describe.) _____ (Skip to question 30.)
<input type="checkbox"/> Not visit Going-to-the-Sun Road but visit other Park attractions? (Skip to question 30.)	<input type="checkbox"/> Don't Know (Skip to question 30.)

29 Would you be willing to pay \$15 to drive your own vehicle one way on Going-to-the-Sun Road?

☐ Yes ☐ No ☐ Don't Know

30 On this trip, was Glacier National Park . . .

<input type="checkbox"/> Your primary trip destination?	31 Before this trip, how many other times did you visit Glacier National Park in the last three years?
<input type="checkbox"/> One of your primary trip destinations?	_____ other times <input type="checkbox"/> Don't Know / Can't Remember
<input type="checkbox"/> A side trip or a pass through to another destination?	

32 How many additional times do you plan to visit Glacier National Park in the next three years?

_____ additional times ☐ Don't Know

33 How many total trips have you made to Glacier National Park in your lifetime, including this trip?

_____ total trips ☐ Don't Know / Can't Remember

34 Did you plan to visit Yellowstone National Park on this trip?

☐ Yes ☐ No ☐ Don't Know

35 Please indicate your home zip code or name of country if you are a foreign resident.

_____ or _____

36 What type of vehicle did you drive on this trip?

<input type="checkbox"/> Car	<input type="checkbox"/> Motor Home	37 Did you travel with an organized group or guided tour on this trip?
<input type="checkbox"/> Sports Utility Vehicle	<input type="checkbox"/> Bicycle	<input type="checkbox"/> Yes (Skip to question 40.) <input type="checkbox"/> No
<input type="checkbox"/> Truck	<input type="checkbox"/> Other (Please specify.) _____	
<input type="checkbox"/> Motorcycle		

38 Which of the following categories best describes the group you traveled with on this trip?

<input type="checkbox"/> Alone	<input type="checkbox"/> Family and Friends
<input type="checkbox"/> Family	<input type="checkbox"/> Other (Please specify.) _____
<input type="checkbox"/> Friends	

39 Including you, how many people in your travel party were in these age groups?

_____ Less than 6 years old	_____ 24 to 45 years old	40 In what year were you born? _____
_____ 6 to 16 years old	_____ 46 to 64 years old	
_____ 17 to 24 years old	_____ 65+ years old	

41 What is your sex? ☐ Female ☐ Male

Appendix A: 2000 Visitor Survey Instrument and Summary of Tabular Results

Glacier National Park - Visitor Survey

42. *(All of your responses are confidential.)* What was your household income before taxes in 1999?

<input type="checkbox"/> Less than \$25,000	<input type="checkbox"/> \$75,000 to \$100,000
<input type="checkbox"/> \$25,000 to \$50,000	<input type="checkbox"/> \$100,000 to \$150,000
<input type="checkbox"/> \$50,000 to \$75,000	<input type="checkbox"/> More than \$150,000

43. Please check the highest level of formal education you have completed.

<input type="checkbox"/> Some high school	<input type="checkbox"/> College graduate
<input type="checkbox"/> High school graduate	<input type="checkbox"/> College post-graduate

44. Which category best describes your occupation?

<input type="checkbox"/> Professional	<input type="checkbox"/> Laborer
<input type="checkbox"/> Managerial	<input type="checkbox"/> Homemaker
<input type="checkbox"/> Technical	<input type="checkbox"/> Retired
<input type="checkbox"/> Sales	<input type="checkbox"/> Student
<input type="checkbox"/> Clerical / Administrative Support	<input type="checkbox"/> Unemployed
<input type="checkbox"/> Craftsman	<input type="checkbox"/> Other (Please specify) _____

PRIVACY ACT and PAPERWORK REDUCTION ACT statement: 16 U.S.C. 1a-7 authorizes collection of this information. This information will be used by park managers to serve the public better. Response to this request is voluntary. No action may be taken against you for refusing to supply the information requested. Data collected through visitor surveys may be disclosed to the Department of Justice when relevant to litigation or anticipated litigation, or to appropriate Federal, State, local or foreign agencies responsible for investigating or prosecuting a violation of law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Burden estimate Statement: Public reporting for this form is estimated to average 10 minutes. Direct comments regarding the burden estimate or any other aspect of this form to the Office of Information and Regulatory Affairs of OMB, Desk Officer for the Interior Department, Office of Management and Budget, Washington, D.C. 20503; and to the Information Collection Clearance Officer, WASO Administrative Program Center, National Park Service, 1849 C. Street, Washington, D.C. 20240.

OMB Approval #1024-0224 (NPS00-033) Expiration Date: 03/31/01